

FORM 121



The Commonwealth of Massachusetts
Department of Industrial Accidents – Department 121
 600 Washington Street – 7th Floor, Boston Massachusetts 02111
 Info. Line 800-323-3249 ext. 470 in Mass. Outside Mass. - 617-727-4900 ext. 470
<http://www.mass.gov/dia>

DIA Board #
 (If Known):

APPEAL OF CONFERENCE PROCEEDING

A COPY OF THE ADMINISTRATIVE JUDGE'S ORDER SHOULD BE ATTACHED TO THIS APPEAL.

Please Print or Type

INSTRUCTIONS ON THE REVERSE SIDE

1. Case Appealed By: <div style="display: flex; justify-content: space-around;"> Employee <input type="checkbox"/> Insurer <input type="checkbox"/> Other(Specify) <input type="checkbox"/> </div>		
2. Medical Issue (Check one only): <input type="checkbox"/> Appeal fee attached <input type="checkbox"/> Appeal fee to be submitted to Department 121 <input type="checkbox"/> Form 136, Waiver Request due to Indigence filed with Commissioner	3. Non-Medical Issue: <div style="text-align: center; margin-top: 20px;"><input type="checkbox"/></div>	
4. Date of Order (mm/dd/yyyy):	5. Name of Judge Who Issued Order:	6. Date of Injury (mm/dd/yyyy):
7. Employee's Name & Address (No. and Street, City, State, Zip Code): <div style="height: 40px; border: 1px solid black;"></div>		
<div style="text-align: right;">7A. Social Security Number*:</div>		
8. Employer's Name & Address (No. and Street, City, State, Zip Code): <div style="height: 40px; border: 1px solid black;"></div>		
9. Insurance Carrier's Name & Address (No. and Street, City, State, Zip Code): <div style="height: 40px; border: 1px solid black;"></div>		
10. Name, Address & Telephone # of Insurer's Attorney: <div style="height: 40px; border: 1px solid black;"></div>		
11. Name, Address & Telephone # of Employee's Attorney: <div style="height: 40px; border: 1px solid black;"></div>		
12. Preparer's Name, Address (No. and Street, City, State, Zip Code) and Telephone #: <div style="height: 40px; border: 1px solid black;"></div>		
13. Preparer's Signature ("On-File" is NOT acceptable. Must have signature.):	14. Date Prepared (mm/dd/yyyy):	

*Disclosure of Social Security Number is Voluntary. It will aid in the processing of documents.
 Please Print Clearly or Type. Unreadable forms will be returned.

Form 121 - Revised 8/2001 - Reproduce as needed.

APPEAL OF A CONFERENCE ORDER **FILING INSTRUCTIONS**

1. **PURPOSE:** To file an appeal of a Conference proceeding pursuant to Massachusetts General Laws c. 152, Section 10A
2. **WHEN TO FILE:** An appeal must be filed within 14 days from the filing date of an administrative judge's conference order. This form is **NOT** to be used to appeal a hearing decision of an administrative judge.
3. **WHERE TO FILE:**

Department of Industrial Accidents
600 Washington Street, Department 121
Boston, MA 02111

Copies of this form must be mailed to all interested parties.

4. **IMPARTIAL MEDICAL EXAMINATION FEES:** Submit fee within 10 days of the appeal pursuant to M.G.L. c 152, Sec. 11A (2) to Department 121 or submit Form 136 Waiver Request based on Indigence to the Commissioner's Office.
5. Separate appeal form should be submitted for each board number.
6. A copy of the administrative judge's conference order should be attached to this appeal.
7. **NOTICE:** Failure to file a timely appeal shall be deemed to be acceptance of the administrative judge's order and findings (M.G.L. c. 152, Section 10A).